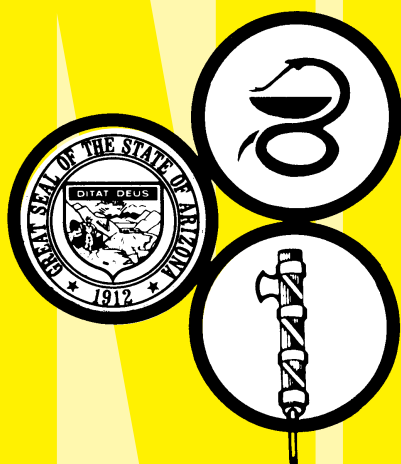


April 2001



# Arizona State Board of Pharmacy

4425 W Olive Ave, Suite 140, Glendale, AZ 85302  
Web site: [pharmacy.state.az.us](http://pharmacy.state.az.us)  
e-mail: [info@azsbbp](mailto:info@azsbbp)

Published to promote voluntary compliance of pharmacy and drug law.

## **Board Adopts RPh Lunch Break Resolution**

Whereas: The primary duty of the Arizona State Board of Pharmacy is to protect the public in the realm of the practice of pharmacy, and

Whereas: The Arizona State Board of Pharmacy recognizes that many pharmacy positions require individual pharmacists to work beyond eight hours/day, and

Whereas: Numerous community pharmacy practice sites are minimally staffed as a direct result of pharmacist personnel shortages, resulting in on-duty pharmacists not having either a meal or rest break during a particular extended shift, and

Whereas: The Arizona State Board of Pharmacy also recognizes that alertness and cognizance "of and in" the pharmacist are essential to public health and safety.

Therefore Be It Resolved: That in the interest of public health and safety; the Arizona State Board of Pharmacy hereby endorses and encourages pharmacy owners and managers to allow pharmacy personnel to "close" and secure (in compliance with Board rules) a pharmacy for a maximum of 30 minutes at mid-shift, allowing personnel to relax, have a meal, or otherwise occupy themselves, and

Be it Further Resolved: That during the mid-shift shut-down, signs are posted and phones are programmed to advise clients and callers that the pharmacy is closed and to indicate the time the pharmacy will reopen, and

Be it Further Resolved: That such "shut-downs" be consistent within a particular corporate pharmacy to minimize confusion within the public and professional community. For example: "Apex Pharmacy Announces its Pharmacies Will Close Monday thru Saturday from 1 PM to 1:30 PM." In-store signs and telephone messages will clearly advise clients of this policy, and

Be it Further Resolved: That the Board discourages parties from requesting exceptions (waivers) to the pharmacy security rules (R4-23-610.B), sign posting, or telephone programming referenced above.

## **Board of Pharmacy Appointment and Election of Officers**

Governor Jane Dee Hull has reappointed Dennis McAllister, RPh, to a five-year term on the Board of Pharmacy. Mr McAllister recently completed a five-year term, during which he served as vice president and president of the Board and was a member of two National Association of Boards of Pharmacy task forces.

At its January meeting, the Board elected Gerald G. Ritt, RPh, as president and William E. Jones, RPh, as vice president. Other Board

members are: Susan V. Ford, RPh, and Paul T. Draugalis, RPh. Eugene "Gene" Drake and Daniel R. Ketcherside are public members.

## **Administrative Rules**

At the March 7 Board meeting, the following administrative rules were on the agenda for discussion and possible revision. Interested parties are invited to view these rules on the Board of Pharmacy Web site [www.pharmacy.state.az.us](http://www.pharmacy.state.az.us) or contact the Board office for copies. Comments or questions relevant to proposed revisions may be sent to the Board in writing, specifying the rule and subsection and with comment or question: R4-23-102 (meetings); R4-23-608, 611, 612 (equipment); R4-23-110, 202, 203, 204, 205 (licensure fees); R4-23-110, 404, 405, 406, 407, 409 (prescription requirements); and R4-23-110, 205, 301, 302, 303, 304, 305 (intern rules). A brief note on the proposed revision to the "licensure/fees" rule: at the January meeting, staff presented an overview of the Board's fiscal position relevant to proposed budget requests submitted to the legislature. Without the proposed fee increases the Board would be operating in a deficit. Because the Board has a fund surplus, the income "shortfall" could temporarily be offset by using these funds. The Board's compliance officers are all licensed pharmacists with years of experience. State employee salaries are not comparable to those in the private sector – our compliance staff is underpaid and turnover is unacceptably high. The Board recognizes that turnover is costly, and it supports measures to increase compensation to compliance staff. Also, the Board has requested one additional compliance staff position to meet the demands of a growing population and the expanding pharmacy community. Effective November 1, 2001 pharmacist license fees will increase from \$110/biennium to \$145/biennium, and pharmacy permit fees will increase from \$300/biennium to \$400/biennium.

## **Electronic Prescriptions for Controlled Substances**

Recent calls from pharmacists indicate widespread interest in the legal status of electronically transmitted prescriptions. Current technological advances provide for the delivery of prescription information via cable or wireless transmission. Such quantum advances in prescription delivery will, no doubt, be a routine procedure in the near future. Today, however, electronic transmission of prescriptions, including those sent to fax machines, by digital systems, and from computer to computer all present regulatory challenges. The following are excerpts from various Drug Enforcement Administration (DEA) material for your information: An Electronic Prescription for Controlled Substances (EPCS) framework is being designed to provide trust services to more than 800,000

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DEA registered practitioners and 50,000 pharmacies nationwide.

The system will provide the practitioner with the ability to digitally sign all electronically transmitted controlled substance prescriptions, using the practitioner's EPCS digital certificate, and will transmit the signature along with the prescription. DEA sees many benefits from a properly designed electronic prescription transmission system, including reduction of dispensing errors due to illegible orders, improved efficiency in both the practitioner's office and the pharmacy, and reduced prescription forgery. DEA recognizes that neither all practitioners nor all pharmacies will be ready and willing to invest the money necessary to participate in EPCS; therefore, current regulations will remain in place for those electing not to convert to the digital system. Security is a major concern in EPCS prescription transmission. Public key infrastructure technology (PKI) combines the protection of a "document fingerprint" and "public key cryptography," ie, state-of-the-art security in digital transmission. The foregoing is intended to provide readers with basic information relative to electronic transmission of controlled substance prescriptions. **Keep in mind that present DEA regulations do not allow electronic transmission of controlled substance prescriptions, this includes electronic data transmission to a pharmacy fax machine.**

### ***Tidbits from Here and There***

Kudos to Arizona pharmacist Carole M. Simon who recently became a Certified Geriatric Pharmacist by the Commission for Certification in Geriatric Pharmacy.

A recent article in *Psychiatric Times* by Arlene Kaplan (Feb 2001, Vol XVII, Issue 2) "Trying To Solve The Prescription Drug Abuse Equation" provides many interesting facts: 3.9 million people in the US currently use prescription psychotherapeutic drugs, most often pain relievers, tranquilizers, or stimulants, for non-medical reasons – far in excess of the 2.1 million people that use heroin, cocaine, and/or crack cocaine. Doctor shopping is a major source of the improperly used prescription drugs. The article echoes what has been reported in recent television news magazine presentations, ie, The Maryland Drug Early Warning System identified oxycodone as a leading emerging abused drug. Since Arizona has no controlled substance prescription monitoring program, the Board encourages pharmacists to report to the Board office any suspicious controlled substance prescriptions and further reminds pharmacists to dutifully review FAX NET 1 notices addressing prescription scams in Arizona.

## ***Disciplinary/Reinstatement Actions***

### **Board of Pharmacy**

**Robert Guerin, RPh #9567**, probation terminated, license now "in good standing."

**Jerrold L. Stein, RPh #9213**, placed on suspension effective September 15, 2000, may appear on or after March 1, 2001, to request a stay of the suspension and imposition of probation for a period of five years.

### **Board of Osteopathic Examiners in Medicine and Surgery**

**Gary R. Forsberg, DO #2791**, may not practice osteopathic medicine until further action by the Board.

**Basem Meri, DO #3370**, license to practice osteopathic medicine/surgery placed on probation for five years – no prescribing restrictions in Board order.

**Jerome Rochlin, DO #1701**, voluntarily surrendered his license to practice osteopathic medicine.

**Dale Wheeland, DO #2108**, shall **not** prescribe any controlled substance or narcotic analgesic until further notice by the Board of Osteopathic Examiners in Medicine/Surgery.

**Notice:** Before making a prescription-dispensing or other decision pursuant to information in this issue, you are encouraged to verify the current condition of a license with the appropriate licensing agency (board).

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National Association of Boards of Pharmacy Foundation, Inc.  
700 Busse Highway  
Park Ridge, Illinois 60068  
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